Chapter 5.8. Insurance Benefit Cards

IC 27-8-5.8-1

"Accident and sickness insurance policy" defined

- Sec. 1. As used in this chapter, "accident and sickness insurance policy" means an insurance policy that provides at least one (1) of the types of insurance described in IC 27-1-5-1, Classes 1(b) and 2(a), and is issued on a group basis. The term does not include the following:
 - (1) Accident only, credit, dental, vision, Medicare, Medicare supplement, long term care, or disability income insurance.
 - (2) Coverage issued as a supplement to liability insurance.
 - (3) Automobile medical payment insurance.
 - (4) A specified disease policy.
 - (5) A limited benefit health insurance policy.
 - (6) A short term insurance plan that:
 - (A) may not be renewed; and
 - (B) has a duration of not more than six (6) months.
 - (7) A policy that provides a stipulated daily, weekly, or monthly payment to an insured during hospital confinement, without regard to the actual expense of the confinement.
 - (8) Worker's compensation or similar insurance.
 - (9) A student health insurance policy.

As added by P.L.230-2001, SEC.2.

IC 27-8-5.8-2

"Commissioner" defined

Sec. 2. As used in this chapter, "commissioner" means the insurance commissioner appointed under IC 27-1-1-2. *As added by P.L.230-2001, SEC.2.*

IC 27-8-5.8-3

"Insured" defined

Sec. 3. As used in this chapter, "insured" means an individual who is entitled to coverage under an accident and sickness insurance policy.

As added by P.L.230-2001, SEC.2.

IC 27-8-5.8-4

Prescription drug information card

- Sec. 4. (a) This section applies to an insurer that:
 - (1) issues an accident and sickness insurance policy that provides coverage for prescription drugs or devices; and
- (2) issues a card or other technology for claims processing. This section also applies to a third party administrator for self-insured plans, a pharmacy benefit manager, or a health benefit plan administered by the state if the administrator, manager, or plan issues a card or other technology described in subdivision (2).
 - (b) The card or other technology issued by an insurer or another

entity referred to in subsection (a) must contain uniform prescription drug information that complies with the requirements established under subsection (c).

- (c) Prescription drug information cards or other technology must meet either of the following criteria:
 - (1) Be in a format and contain information fields approved by the National Council for Prescription Drug Programs (NCPDP) as contained in the National Council for Prescription Drug Programs Pharmacy ID Card Implementation Guide in effect on the October 1 most immediately preceding the issuance of the
 - (2) Contain the following information:
 - (A) The health benefit plan's name.
 - (B) The insured's name, group number, and identification number.
 - (C) A telephone number to inquire about pharmacy related issues.
 - (D) The issuer's international identification number or ANSI BIN number, labeled as RxBIN.
 - (E) The processor control number, labeled as RxPCN.
 - (F) The insured's pharmacy benefits group number if different than the medical group number, labeled as RxGRP. Only those fields listed in clauses (A) through (F) that are required for proper adjudication of the claim must appear on the card. If the card is used to adjudicate non-pharmacy claims, then the designation "Rx" listed in clauses (D) through (F) is not required to be used by the issuer.
- (d) An insurer or an insurer's agents, contractors, or administrators, including pharmacy benefits managers, may not be required to issue a prescription drug information card or other technology to a person more than one (1) time during a twelve (12) month period.
- (e) The prescription drug information cards or other technology issued under this section may be used for health insurance coverage other than the coverage to which this chapter applies.

As added by P.L.230-2001, SEC.2. Amended by P.L.1-2002, SEC.111.